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**UTILITY
PATENT APPLICATION
TRANSMITTAL**(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Attorney Docket No.

9587

First Inventor

Robert Joseph Sarama, et al.

Assignee

The Procter & Gamble Company

Title

STABLE COATING AGENT COMPRISING
STEROL

Express Mail Label No.

ED 101113457 US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-14501. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)2. ☒ Specification Total Pages [14]
(preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. ☐ Drawing(s) (35 USC §113) Total Sheets ☐

4. Oath or Declaration Total pages [2]

- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 complete)
 - i. ☐ **DELETION OF INVENTORS**
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR §§1.63(d)(2) and 1.33(b).

5. ☐ Application Data Sheet. See 37 CFR §1.766. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- 8. ☐ Assignment Papers (cover sheet & document(s))
- 9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
- 10. ☐ English Translation Document (if applicable)
- 11. ☒ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449/SB08 Citations
- 12. ☐ Preliminary Amendment
- 13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- 14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
- 15. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
- 16. ☐ Other:

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR §1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)of prior application No. /

Prior application information:

Examiner: _____

Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS☒ Customer Number

(Insert Customer No. here)

27752

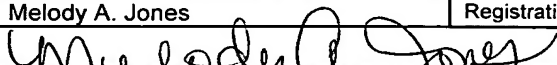
Name (Print/Type)

Melody A. Jones

Registration No. (Attorney/Agent)

44,175

Signature



Date

March 25, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**FEE TRANSMITTAL
for FY 2004**

Patent fees are subject to annual revision.

Complete if Known

Application Number	Unknown
Confirmation Number	Unknown
Filing Date	March 25, 2004
First Named Inventor	Robert Joseph Sarama, et al.
Examiner Name	Unknown
Art Unit	Unknown
Attorney Docket No.	9587

TOTAL AMOUNT OF PAYMENT (\$) 770.00**METHOD OF PAYMENT**

1. ☒ The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:

Deposit Account Number: 16-2480

Deposit Account Name: The Procter & Gamble Company

FEE CALCULATION**1. BASIC FILING FEE – Large Entity**

Code (\$)	Fee Description	Fee Paid
1001 770	Utility filing fee	<input checked="" type="checkbox"/>
1002 340	Design filing fee	<input type="checkbox"/>
1004 770	Reissue filing fee	<input type="checkbox"/>
1005 160	Provisional filing fee	<input type="checkbox"/>
SUBTOTAL (1)		(\$)[770]

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity

		Extra Claims	Fee from Below	Fee Paid
Total Claims	[20] - 20** =	[0] x	[0] =	[0]
Independent Claims	[3] - 3** =	[0] x	[0] =	[0]
Multiple Dependent			[0] =	[0]

** or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
1202 18	Claims in excess of 20
1201 86	Independent claims in excess of 3
1203 290	Multiple dependent claim, if not paid
1204 86	**Reissue independent claims over original patent
1205 18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$)[0]**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Code (\$)	Fee Description	Fee Paid
1051 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
1052 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1053 130	Non-English specification	<input type="checkbox"/>
1812 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1804 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
1805 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
1251 110	Extension for reply within 1 st month	<input type="checkbox"/>
1252 420	Extension for reply within 2 nd month	<input type="checkbox"/>
1253 950	Extension for reply within 3 rd month	<input type="checkbox"/>
1254 1,480	Extension for reply within 4 th month	<input type="checkbox"/>
1255 2,010	Extension for reply within 5 th month	<input type="checkbox"/>
1401 330	Notice of Appeal	<input type="checkbox"/>
1402 330	Filing a brief in support of an appeal	<input type="checkbox"/>
1403 290	Request for oral hearing	<input type="checkbox"/>
1451 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452 110	Petition to revive - unavoidable	<input type="checkbox"/>
1453 1,330	Petition to revive - unintentional	<input type="checkbox"/>
1501 1,330	Utility issue fee (or reissue)	<input type="checkbox"/>
1502 480	Design issue fee	<input type="checkbox"/>
1460 130	Petitions to the Commissioner	<input type="checkbox"/>
1807 50	Processing fee under 37 C.F.R. 1.17(q)	<input type="checkbox"/>
1806 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
1809 770	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810 770	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
1801 770	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802 900	Request for expedited examination of a design application	<input type="checkbox"/>
1454 1330	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>

* Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)[0]**

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Melody A. Jones	Registration No. (Attorney/Agent)	44,175
Signature	<i>Melody A. Jones</i>	Telephone	(513) 634-6944
		Date	March 25, 2004

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